

**Intercollegiate MRCS (ENT) OSCE Examination**

**Examiner Application Form**

Application forms and references should be **typed** **and submitted electronically.**

**Please note that any missing reference information is liable to slow down the process, so please ensure that all necessary information is included with your application.**

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| **Personal details** |
| Surname:       | First Name/s:       | Title:       |
| Home Address:                      | Personal email address:      Daytime tel:      Mobile tel:      Date of Birth:       |
| Name of Hospital:      Work Address:                Hospital / Rooms tel:       | Work Email address:      Specialty:      Sub-specialty interest:      GMC / IMC Number (if applicable):       |

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| **Education****Qualifications obtained (including degrees, diploma, and professional examinations). Please state country of first Medical Qualification. Evidence may be requested.** |
| Exam / Qualification | Grade: | Year: |
|                      |                      |                      |

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| **Hospital and Medical Appointments (current appointment first followed by those relevant to the application).** |
| Name and Address | Position held | From: | To: | Specialty |
|                           |                           |                           |                           |                           |

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| **Training / Teaching / Examining / Education Experience (Continue on a separate sheet if necessary)** |
|                                | Dates:                               |

Previous employment (continue on separate sheet if necessary)

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| --- | --- | --- | --- | --- |
| Employer’s name and address | Position held and duties | Dates from to | Salary/hourly rate | Reason for leaving |
|                                     |                                     |                                     |                                     |                                     |

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| **Personal Statement** **Please explain why you are interested in examining and what qualities you would bring to the position of Examiner. Where possible, please cite evidence of your commitment.** |
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| Applicants applying to the Intercollegiate DO-HNS Examiner Panel are not required to submit references if they are currently appointed to the Intercollegiate MRCS (Surgery) Panel of Examiners. Please tick the box below if you are currently appointed to the Intercollegiate MRCS. [ ]  I am currently appointed to the Intercollegiate MRCS (Surgery) Panel of Examiners |

**References**

**Please supply the names, addresses and telephone numbers of two referees who can provide an independent view on how you meet the eligibility criteria and the person specification (see page 6). For your application, at least one of the references should be from someone with knowledge of your current clinical practice.**

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| **1st Referee** | **2nd Referee** |
| Name:       | Name:        |
| Address:       | Address:       |
| Office hours tel.:       | Office hours tel.:       |
| Email:       | Email:       |
| Relationship:       | Relationship:       |

**Data Protection Act 2018**

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| General Data Protection Regulation. I understand that, if I am appointed, personal information about me including performance data relating to examiner training and feedback will be computerised for personnel / administrative purposes and statutory returns and will be held by the ICBSE office, the examiner’s affiliated College and the RCSI staff who administer the electronic training portal and feedback process. As examiners can be temporarily inactive this information will be held electronically for the maximum possible duration of the examiner’s term of office (currently 16 years). |

**Notification of Chief Executive / Medical Director**

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| Given the time spent away from the employing authority when examining, it is expected that a potential examiner will inform his/her Chief Executive / Medical Director of his/her application to become an Intercollegiate MRCS (ENT) examiner, and list this commitment in his/her job plan.**I confirm that I have informed my Chief Executive/Medical Director of my application to become an Intercollegiate examiner:** [ ] **Name of Chief Executive/Medical Director:**       |

**Declaration**

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| I confirm that I will, if appointed, honour examining commitments faithfully: [ ] I certify that I conform to the eligibility criteria and that the information I have given above is to the best of my knowledge correct: [ ]  |
| **By submitting your application to the College you are declaring that the information provided is correct and complete to the best of your knowledge.**  |

**Submitting your application**

Please e-mail your completed application form to the College to which you are applying:

**The Royal College of Surgeons of Edinburgh**

E-mail: examinations@rcsed.ac.uk

**The Royal College of Surgeons of England**

E-mail: SurgicalExams@rcseng.ac.uk

**The Royal College of Physicians and Surgeons of Glasgow**

E-mail: dohns@rcpsg.ac.uk

**The Royal College of Surgeons in Ireland**

Email: pgexams@rcsi.ie

**EQUAL OPPORTUNITIES MONITORING**

The four Surgical Royal Colleges of Great Britain and Ireland aim to ensure fair treatment in relation to admission and assessment of examination candidates. Completing this form will allow us to monitor our statistics and ensure that we are delivering a fair examination to all candidates.

In line with UK and Irish legislation and good practice guidelines, we are asking all applicants to complete this section. You are not obliged to provide any of the information in this section, and a ‘prefer not to say’ option is provided, but if you do so, it will enable us to monitor our business processes and ensure that we provide equality of opportunity to all.

This information will be held in accordance with the General Data Protection Regulation and held in line with the retention schedule of the College you applied to. Information relating to the retention schedule can be supplied on request. Your information will be used only for monitoring our business practices.

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| **Gender**[ ]  Female[ ]  Male[ ]  Transgender[ ]  Prefer not to say**Ethnicity**Choose one selection from the list below to indicate your ethnic group or background.**a) White**[ ]  English/Welsh/Scottish/Northern Irish/British[ ]  Irish[ ]  Gypsy or Irish Traveller[ ]  Any other White background (write in)      **b) Mixed / Multiple Ethnic Groups**[ ]  White and Black Caribbean[ ]  White and Black African[ ]  White and Asian[ ]  Any other mixed background (write in)      **c) Asian or Asian British**[ ]  Bangladeshi [ ]  Chinese [ ]  Indian[ ]  Pakistani[ ]  Any other Asian background (write in)      **d) Black / African / Caribbean / Black British**[ ]  African [ ]  Caribbean[ ]  Any other Black / African / Caribbean / Black British (write in)      1. **Other Ethnic Group**

[ ]  Arab[ ]  Any other ethnic background (write in)      [ ]  **Prefer not to say** | **Do you consider your first language to be English?**[ ]  Yes[ ]  No[ ]  Prefer not to say**Do you have a disability** under the terms of the Equality Act 2010? (The Equality Act defines a disabled person as someone who has a physical or mental impairment that has a substantial and long-term negative effect on your ability to do normal daily activities).[ ]  Yes[ ]  No[ ]  Prefer not to say**What is your sexual orientation?**[ ]  Bisexual[ ]  Heterosexual[ ]  Lesbian or Gay[ ]  Prefer not to say**Marital Status**[ ]  Single[ ]  Married[ ]  Cohabiting[ ]  Civil partnership[ ]  Separated/divorced[ ]  Widowed[ ]  Prefer not to say**What is your religion or belief?**[ ]  Buddhist[ ]  Christian[ ]  Hindu[ ]  Jewish[ ]  Muslim[ ] Sikh [ ] Other religion/belief[ ] No religion[ ] Prefer not to say |

1. **ELIGIBILITY CRITERIA**
2. **Clinical Examiners**
3. Fellow (including Fellow *ad eundem*) of one of the four Royal Surgical Colleges.
4. Hold or have held full consultant status (not a locum post) for at least 2 years post CCT or equivalent.
5. Able to complete one term of office before retirement i.e one full term (6 years including a probationary year). An extension of up to 4 years may be approved.
6. Engaged in active clinical/academic practice. If an examiner wishes to continue to examine beyond the point at which they demit from active practice, they should meet the expectations and requirements of all examiners, with the exception that they are no longer in active practice, but they have maintained a licence to practise with the GMC. International examiners will be required to meet the regulatory requirements of their country’s governing body.
7. **For all Examiners**
8. Active in postgraduate surgical training/education/teaching.
9. To have informed his/her Chief Executive/Medical Director of their application to become an Intercollegiate MRCS (ENT) OSCE Examiner and list this commitment in their job plan.
10. In good standing with the College/Professional Organisation.
11. In good standing with the GMC/IMC or equivalent body and not under investigation by an NHS Trust/employing body that restricts their clinical or professional practice.
12. Active commitment to equality and diversity
13. Able to provide the names and contact details of two suitable referees (see below).
14. **PERSON SPECIFICATION**

In addition to meeting the eligibility criteria, examiners must show commitment to:

* High professional standards as an examiner, including understanding of appropriate techniques and a policy of courtesy, fairness and non-discrimination towards all candidates
* High professional standards in teaching, including an ability and positive attitude towards teaching
* Competence in and loyalty to the surgical profession
1. **LIST OF POSSIBLE REFEREES**
* Postgraduate Tutor in your Trust
* Medical Director
* Postgraduate Dean
* Programme Director
* Regional Specialty Advisor or Regional Advisor